

Healthy North Carolina 2020

EVIDENCE BASED STRATEGIES

FOCUS AREA	Oral Health
OBJECTIVE	2. Decrease the average number of decayed, missing, or filled teeth among kindergartners

EBS PROGRAM DESCRIPTION	'Into the Mouths of Babes' (IMB) is a program in which medical professionals provide oral preventive care (oral evaluation, risk assessment, parent counseling, fluoride varnish application, dental referral as indicated by guidelines) to Medicaid-insured children from the time of tooth eruption until age 3 1/2 .
--------------------------------	--

EBS LEVEL <i>CDC Ranking</i>	The different services included in the program have different levels of evidence. The level of evidence for fluoride varnish, the center piece of this preventive program, is B= Best Proven.
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	American Dental Association. Professionally applied topical fluoride. Evidence-based clinical recommendations. JADA. 137:1151-9. Marinho VCC, Higgins JPT, Logan S, Sheiham A. Fluoride varnishes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD002279. DOI: 10.1002/14651858.CD002279. Pahel BT, Rozier RG, Stearns SC, Quiñonez RB. <u>Effectiveness of preventive dental treatments by physicians for young Medicaid enrollees.</u> Pediatrics. 2011;127:e682-9.

PROGRAM ATTRIBUTES	
Influence Level	Individual
Target Population	Medicaid-insured children from the time of tooth eruption until the age of 3 1/2 ; youngest children at highest risk for tooth decay and with least access to dental care
Intervention Setting	Primary care medical settings (private practice, community health centers, health departments, FQHCs) most often as part of a well-child visit
Key Measures	Children having at least four IMB preventive visits during eligibility period; percent of eligible children having procedure during any given quarter
Cost	\$51.34
Time to Implement	<u>Organization:</u> (for primary care medical site) initial one hour training plus up to two hours for dissemination of information to staff, organization of supplies and billing, logistical considerations. <u>Patient/Client:</u> 5-10 minutes, not including time to bill Medicaid for procedure
Difficulty to Implement <i>Resource Intensity</i>	Low: providers receive reimbursement for procedure from Medicaid, compensating for supplies and time. Procedure was designed to 'piggy back' onto well-child visits.
ROI <i>if known</i>	On average, IMB visits cost \$11 more than reduced dental treatment payments per person. The program almost breaks even if future benefits from prevention are not discounted. 'Into the Mouths of Babes' improves dental health for additional payments that can be weighed against unmeasured hospitalization costs. Stearns SC, Rozier RG, Kranz AM, Pahel BT, Quinonez RB. Cost-effectiveness of preventive oral health care in medical offices for young Medicaid enrollees. <i>Arch Pediatr Adolesc Med.</i> 2012;166:945-51.

PROGRAM CONTACT INFORMATION	
Organization	DPH Oral Health Section
Contact Person	Kelly Close, RDH, MHA, Preschool Oral Health Coordinator
Email / Telephone	Kelly.Close@dhhs.nc.gov / 919.707.5485 ☐
Web Site	www.ncdhhs.gov/dph/oralhealth/partners/IMB.htm

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes, no limitations
T.A. Contact	Kelly Close, RDH, MHA, Preschool Oral Health Coordinator kelly.close@dhhs.nc.gov / 919.707.5485
Funding – Yes/No Specific group? Other limitations?	No
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	Coastal Children’s Clinic Dr. Graham Barden, 252.633.2900 Dr. Marston Crawford 252.447.8100
#2 – Organization Name / Contact Information	Franklin County Health Department Vicky Howell, RN, 919.496.2533 x 2340
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
<p>‘Into the Mouths of Babes’ is a partnership among the NC Oral Health Section, NC Medicaid, the NC Pediatric Society, the NC Academy of Family Physicians, the UNC Gillings Global School of Public Health, and the UNC School of Dentistry. These organizations/agencies along with others interested in young children’s oral health provide guidance to the ‘Into the Mouths of Babes’ program through the NC Early Childhood Oral Health Collaborative.</p> <p>NC Medicaid requires that medical providers receive training before providing this service to eligible recipients.</p>

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Oral Health
OBJECTIVE	2. Decrease the average number of decayed, missing, or filled teeth among kindergartners

EBS PROGRAM DESCRIPTION	Community water fluoridation
--------------------------------	------------------------------

EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	www.thecommunityguide.org/oral/fluoridation.html

PROGRAM ATTRIBUTES	
Influence Level	Community
Target Population	All ages
Intervention Setting	Drinking water
Key Measures	Water fluoridation benefits all who drink the water, reducing tooth decay by 20-40 percent. It has been proven to be safe and cost effective. Eighty-eight percent of North Carolina's population who are on community water systems receive the benefits of fluoridation.
Cost	The annual cost for a U.S. community to fluoridate its water is estimated to range from approximately \$0.50 per person in large communities to approximately \$3 per person in small communities. The average lifetime cost per person is less than the cost of one dental filling.
Time to Implement	<u>Organization</u> : One year
Difficulty to Implement <i>Resource Intensity</i>	Moderate. In some areas, a small but vocal group may try to prevent implementation of or work to discontinue community water fluoridation.
ROI <i>if known</i>	One dollar invested in community water fluoridation saves \$8 to \$49 in treatment costs, depending on the size of the community. Saves more than \$4.6 billion annually in dental costs in the United States.

PROGRAM CONTACT INFORMATION	
Organization	NC DHHS, Division of Public Health, Oral Health Section
Contact Person	Kevin Buchholtz, DDS, Acting Chief, Oral Health Section
Email / Telephone	Kevin.Buchholtz@dhhs.nc.gov (336) 294-4591
Web Site	www.ncdhhs.gov/dph/oralhealth/services/fluoride.htm

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No <i>Specific group? Other limitations?</i>	Yes
T.A. Contact	Kevin.Buchholtz@dhhs.nc.gov (336) 294-4591
Funding – Yes/No <i>Specific group? Other limitations?</i>	Yes. Community water systems implementing fluoridation or updating fluoridation equipment.
Funding Contact	Kevin.Buchholtz@dhhs.nc.gov (336) 294-4591

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
Information on fluoridation is available. Limited funding available to assist with community water fluoridation

Healthy North Carolina 2020
EVIDENCE BASED STRATEGIES

FOCUS AREA	Oral Health
OBJECTIVE	2. Decrease the average number of decayed, missing, or filled teeth among kindergartners

EBS PROGRAM DESCRIPTION	Preventive dental sealants
--------------------------------	----------------------------

EBS LEVEL <i>CDC Ranking</i>	B = Best/Proven
REFERENCE/CITATION <i>Data Supporting Level/Ranking</i>	www.thecommunityguide.org/oral/schoolsealants.html jada.ada.org/content/139/3/257.abstract

PROGRAM ATTRIBUTES	
Influence Level	Individual
Target Population	Children at high risk for tooth decay, shortly after the eruption of permanent molars
Intervention Setting	Dental clinic, either in a school setting or a dental office
Key Measures	Dental sealants have been proven to be safe and cost-effective when targeted to children at high risk for tooth decay. The Oral Health Section monitors the proportion of children with dental sealants on an annual basis. Currently, 44 percent of North Carolina fifth grade children have sealants.
Cost	The NC Medicaid program reimburses \$28 per sealant.
Time to Implement	<u>Organization</u> : with established program, one month; for a startup, to staff and purchase equipment, one year <u>Patient/Client</u> : About 10 minutes per sealant
Difficulty to Implement <i>Resource Intensity</i>	Moderate. Isolation and clinical technique are critical to assure good retention
ROI <i>if known</i>	Sealants are a proven decay preventive strategy. CDC states that school-based dental sealant programs are cost-saving when delivered to populations at high risk for tooth decay, such as children in low-income households.

PROGRAM CONTACT INFORMATION	
Organization	NC DHHS, Division of Public Health, Oral Health Section
Contact Person	Martha S. Taylor, RDH, MBA, MHA, Prevention and School Health Coordinator,
Email / Telephone	Martha.Taylor@dhhs.nc.gov / 919.707.5492
Web Site	www.ncdhhs.gov/dph/oralhealth/services/sealants.htm

CURRENT NC-DPH SUPPORT	
T.A. – Yes/No Specific group? Other limitations?	Yes
T.A. Contact	Martha.Taylor@dhhs.nc.gov / 919.707.5492
Funding – Yes/No Specific group? Other limitations?	No
Funding Contact	

EBS PROGRAM IMPLEMENTED BY / NC EXAMPLES	
#1 – Organization Name / Contact Information	
#2 – Organization Name / Contact Information	
#3 – Organization Name / Contact Information	

OTHER COMMENTS / NOTES
For information on portable dental equipment: NC Oral Health Section Danny Stafford, OHS Dental Equipment Technician Supervisor Danny.Stafford@dhhs.nc.gov / 828.467.3084,